



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: DECATUR COUNTY MEMORIAL HOSPITAL

City of Hospital: Greensburg

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Carol Geise

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Medicare Provider Number: 15z332,151332

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$20432268
Outpatient Patient Service Revenue	\$99369934
Total Gross Patient Service Revenue	\$119802202

2. Deductions From Revenue

Contractual Allowance	\$61815827
Other Deductions	\$6199128
Total Deductions	\$68014955

3. Total Operating Revenue

Net Patient Service Revenue	\$51787246
Other Operating Revenue	\$4825419
Total Operating Revenue	\$56612665

4. Operating Expenses

Salaries and Wages	\$25102305	Employee Benefits	\$5693680
Depreciation and Amortization	\$3269849	Interest Expense	\$296374
Bad Debt	\$	Other Expenses	\$21013516
Total Operating Expenses	\$25102305		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2696824	Total Assets	\$76571040
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$23736071

Total Net Gains	\$2696824
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$46027495	\$18373284	\$27654211
Medicaid	\$20002479	\$14088270	\$5914209
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$53772228	\$29354272	\$24417956
Total	\$119802202	\$61815826	\$57986376

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$249686	\$25455	\$224231

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$2,000		
Subtotal	\$2000	\$0	\$2000
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$2000	\$0	\$2000

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$13433.49	\$-13433.49
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

### Comments

Interest Expense is technically a non-operating expense, so this format changed our total operating expense from the book audit.

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